

FILED FEB 24 1943

Registration District No. 794

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3652 French Ave., 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Max Zwieselbauer

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hedwig Zwieselbauer 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased September 28, 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 3 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Austria (City, town, or county) (State or foreign country)

10. Usual occupation Retired Blacksmith 6 Years

11. Industry or business _____

12. Name Unknown

13. Birthplace Austria (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Austria (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hedwig Zwieselbauer

(b) Address 3652 French Ave.,

17. (a) Burial (b) Date thereof 1-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director SOUTHERN FUNERAL HOME

(b) Address 6322 S. Grand Blvd.

19. (a) JAN 5 1942 (b) J. F. Bedeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3652 French Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4th
year 1942 hour 2:30a. minute M.

21. I hereby certify that I attended the deceased from Dec 13 1941
to Jan 1 1942
that I last saw him alive on Jan 1 1942
and that death occurred on the date and hour stated above

Immediate cause of death Unknown Duration _____

Carcinoma of larynx and
hypopharynx with
extensive metastasis,
inoperable Tumor.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations Partial gastrectomy 12-10-41
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Not in attendance
(b) Date of occurrence at time of death
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Bernard S. C. Hoops (M.D. or other) 1-5-42
Address Bernard S. C. Hoops Date signed _____
(over)

No physician in attendance at time of death
I am informed. *Dr. Sundmark*

Dr. Sundmark

Carnegie Hospital

Def. 3621

12 25 + 12 45

3427 Washington

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Virgil L. Perryman
Licensed Embalmer No. *4618*

P.O. Address..... *St. Louis Mo.*

* Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.